## OmniMD - Physician Empowered » Patient Personal Record

Page 1 of 1

#### **Patient Personal Record**

Howerton, Kelly	Sex	Female	DOB		Age 38 yrs
Chart # HOWKE0001	SSN #		Phone	(H)	

Kelly Address1 First Name Last Name Howerton Address2 Rockwall Middle Initial City Texas SSN State Zip Code 75087 Suffix USA Father Name Country Mother Name Preferred Phone Call Preference Order Mother's Maiden Name Home Phone Alias Name Date of Birth Work Phone Birth State Fax Cell Phone Female Sex Guardian E-mail Address Full Time Driving License Work Status Significant Others Industry Phone # **Emergency Contact 1** Occupation Phone # Employer **Emergency Contact 2** Attorney Signature on File Release of Info Signed Adjuster Not a Student Preferred Language English Student Status Pharmacy Blood Group White Consent Consent given Race Ethnicity Disable Health Alerts Not Hispanic or Latino No Smoker Unknown if ever smoked External Rec# NPI Marital Status Treatment Status Patient Type Custom Field1 Custom Field2 Referring Provider Other Ref. Provider Generate Statement Yes Pri. Care Provider Exemption from No Reporting Dr. Colleen Kennedy Principal Provider Communication Business Office Dallas Visit Location By Phone Preference Patient Category Comments No Known Problems No MU Demographic Exclusion Opt Out Patient Portal Module Disabled Send Direct Message Last Payment Date Last Payment Amount Last Modified Date 10/31/2014 Last Modified By Ms. Robie Hansen

> GOVERNMENT EXHIBIT 610 4:18-CR-368

Visit Report - Howerton, Kelly - 01/10/2014 10:15 AM(CST) (OmniMD)

Page 1 of 1

Patient: Howerton, Kelly Sex: Female

Chart#: HOWKE0001 Phone: (H), DOB : Address :

Ref By:

DOS: 01/10/2014 10:15 AM(CST) (15 mins), Location: CIK Business Office Rockwall

Chief Complaint: Np

Attended By: Ms. Maries Laurel (214-775-1356)

Employer:

**Allergies** 

No Allergies Recorded. **Current Medications** 

**VITAL SIGNS** 

**Height** 66 inch 167 cm **Weight** 140 lbs 63.5 Kg

**BMI** 22.6 Kg/m<sup>2</sup>

**FOLLOW UP NOTE** 

Patient Name: Howerton, Kelly Chart Number: HOWKE0001

Date of Service: 01/10/2014 10:15 AM(CST)

**Procedure Performed:** 

Vitals:

Temp: BP: / Pulse Rate: O2 Sat:

Starting Weight: 140 lbs Current Weight:

Change:

**Current Medications:** 

Note: hx of eczema scarring, itching and scratching causing scarring-called in compound scar reduction cream

Impression: eczema

Plan: apply compound scar reduction cream to affected area prn

F/U in: as needed

**Prescriptions and Lab Orders** 

Diagnoses

**DIAGNOSES** 

**Procedures** 

**PROCEDURES** 

Disposition

Dr. Colleen Kennedy, M.D								Omni N Version 14.0
			•	Labs/Radiology Doc				rogram Billing View
oday's List   🎥   Oper Item	<u>n</u> 1s   Messages [4:   1 0] Mar	Health Alerts	My Profile   Clin	nic   GuideLines   Updates	Portal   File	cksum   Upload Certific	ate   MU Docum	nentation   Fax Status
Ratient Dashboard	d							
	verton, Kelly all, Texas - 75087 Ext. Rec#: (H)	Principal Prov Referring Prov Pri. Care Prov Unread Messa Message	vider: rider: ages:	en Kennedy <u>Health Record</u>		Electron	ic Notes	
DOB Chart # HOWKE0001 Age Pat. Du	38 yrs Sex: Female \$0.0 <u>Print Last</u>	sent script	for compounding c	ream to Omni plus pharmacy	History Edit	Enter K	eyword	<u>_</u> 96
	STMT.	1000000				<u>'                                    </u>		
Patient's Primary Ins Payer / Policy	Group / Plan		Member/ Subscr	ihar	Validity	Co-Pay Detai	ile	Action
No Primary Insurance Reco			Prember/ Subscr	ioei	l and the	ico-ray betai	113	JACCON
<u>Demographics</u> ✓	Allergies		Omni	MD Rx History	Transcriptions		Message	s
Insurance Records	Current Med	ications	All Rx	( History	Referrals		CDA	
Eligibility Info	Medical Histo	ory ¥	Rx Re	efills	Form Records		Lock Use	rs
Advance Directives	Family Histo	ry	Rx Ch	iange Requests	Scanned Docur	<u>nents</u>	Super Bil	<u>lls</u>
Patient Confidentiality	Social Histor	¥	Lab/F	Radiology Orders	Patient Flow S	heet	Patient L	edger
Patient Annotations	Immunizatio	<u>n</u>	Lab/F	Radiology Test Results	Active Problem	<u>List</u>		
Patient Activity History	HIPAA Disclo	<u>sure</u>	Progr	ess Report	Pending Immu	nizations	Patient C	Contact
Incoming Referral File	Amendment		Patie	nt Education_v_				
Patient Portal Informati	on Q,							
Billing Note								
ases and Visits				Address to the second s				New Case/V
Date of Service			Chief Complain	t Attending P	ovider	Pi	rogress 🚹	Ac
្បCase: np								
L01/10/2014 10:15 AM	4-10:30 AM FRI		np	Ms. Maries La	urel		°F (¥	
Patient's Recent and	Upcoming Health A	Alerts						Add Health Al
Applicable Categ	gory Health /	Alert		Statu	s Ac	tion	Communic	ation Type
7-41-41- F4 A								De
Patient's Future Appo Dt.of Service	ointments		Chief Comple	alat		ovider	Droc	<u>Pr</u> edures
								Delete Pat
HELP Help C	Desk: 914.332.5590   <u>Re</u>	port a Problen	n   ICD-10 Transitio	on Feedback   Feedback				
		Copyright © 20	018 OmniMD. All Righ	its Reserved. OmniMD™ is a trac	lemarkof <u>ISM, Inc.</u>	1) 8	Secured b	y Othawte

## Case 4:18-cr-00368 Document 533-69 Filed on 07/22/23 in TXSD Page 4 of 18

Visit Report - Howerton, Kelly - 01/10/2014 10:15 AM(CST) (OmniMD)

Page 1 of 1

Patient: Howerton, Kelly Sex: Female

Chart# : HOWKE0001 DOB :

Phone : , , Rockwall, Texas 75087

Ref By:

 ${\tt DOS:01/10/2014~10:15~AM(CST)}$  (15 mins ), Location: CIK Business Office Rockwall

Chief Complaint: Np

Attended By: Ms. Maries Laurel (214-775-1356)

Employer:

**Allergies** 

No Allergies Recorded. **Current Medications** 

**VITAL SIGNS** 

**Height** 66 inch 167 cm **Weight** 140 lbs 63.5 Kg

**BMI** 22.6 Kg/m<sup>2</sup>

**FOLLOW UP NOTE** 

Patient Name: Howerton, Kelly Chart Number: HOWKE0001

Date of Service: 01/10/2014 10:15 AM(CST)

**Procedure Performed:** 

Vitals:

Temp: BP: / Pulse Rate: O2 Sat:

Starting Weight: 140 lbs Current Weight: Change:

**Current Medications:** 

Note: hx of eczema scarring, itching and scratching causing scarring-called in compound scar reduction cream

Impression: eczema

Plan: apply compound scar reduction cream to affected area prn

F/U in: as needed

**Prescriptions and Lab Orders** 

Diagnoses

**DIAGNOSES** 

**Procedures** 

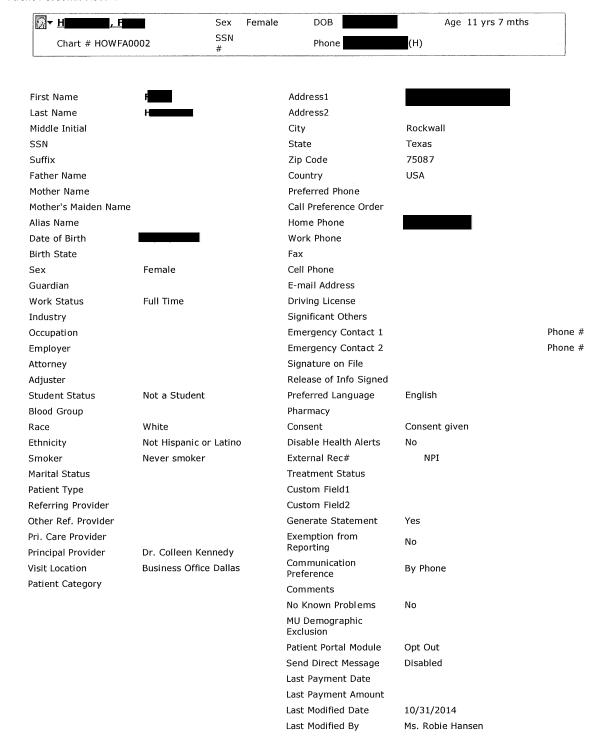
**PROCEDURES** 

Disposition

### OmniMD - Physician Empowered » Patient Personal Record

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#### **Patient Personal Record**



Page 1 of 1

Dr. Colleen Kennedy, M.D., Baylor Dallas Cli	nic, Colleen I Kenned	dy, MD, PA		•	Omni W
Patients   Transcriptions   Appointments	Charge Capture   Prescrip	otions   Labs/Radiology	Documents Forms R	eferrals CMS Incentive Pro	gram Billing
oday's List   Open   Messages [4 :	Health Alerts   My Profile	Clinic   GuideLines   Upo	dates   Practice   File Portal   Check	sum   Upload   MU Sum   Certificate   Docume	View ntation   Fax   Logou Status
Current Medications					
12.0	Sex Female DOB SSN Phone	Age 11 y	rs 7 mths		
				<u>Print Pre-Existing</u> <u>Print Pre-Exist</u>	Print All & Active Medications ing Medications Only
✓ Patient denies pre-existing medications  Add / Edit Pre-Existing Medications					
Drug (enter first few characters) Strength	Dosage Frequency	From	- Duration - To	Reason	Clr Add
Note : Please select drug from drug list, so, sy	stem will provide interaction in	oformation.			
Pre-Existing Medications Dosage No Drug exist in Pre-Existing Medications	Frequency Duratio	on Reason			Action
Active Medications from Rx Dosage No Drug exist in Active Medications from Rx	Frequency Duratio	n Last Mod	ify by/Reason		Action
				Shor	w Inactive & Disabled
HELP Help Desk: 914.3325590	<u>Report a Problem</u>   <u>ICD-10 Tra</u>	ansition Feedback   Feedback			
	Copyright © 2018 OmniMD. A	all Rights Reserved. OmniMD <sup>TH</sup> is	a trademarkof <u>ISM, Inc.</u>	Secured by click to verify	2013-01-15

OmniMD - Physician Empowered » Allergies

Page 1 of 1

□ No Known	, Females Sex Fema	ale DOB Phone	Age 11 yrs 7 (H)	mms		
		Show More Details				
	Allergies (Food, Environmental, Immuni					0
	mental Allergens ronmental Allergies	Intolerance	Reaction	Severity Last Occ	urrence	Current Status  Active
1000 & 2.11	orimotes / margies					Add
ØNKDA (No I	(nown Drug Allergy)					
rug Allergen:	Drug Classification	Intolerance	Reaction	Severity La	st Occurrence	Current Status
rug	Allergies	7 Intolerance	Keaction	Low V		Active \
nmunization		Intolerance	Reaction	Severity Last Occ		Current Status
Immunizat	on Allergies	<u> </u>		Low V	i n	Active ✓
ther Allerger	s	Intolerance	Reaction			_ Add _
the rinerger	•			Severity Last Oc	currence	Current Status
				Severity Last Oc	currence	Current Status Active
		Reviewed				Active
	view History d by, Ms. Robie Hansen	Reviewed Notes:		Low V		Active
Last Reviewe		Notes:	J And Save	Low V		Active
Last Reviewe on 10/23/2	d by, Ms. Robie Hansen 015 10:12 AM	Notes:		Low V		Active
Last Reviewe on 10/23/2 Drug Interac	d by, Ms. Robie Hansen 015 10:12 AM	Notes:		Low V		Active
Last Reviews on 10/23/2 Drug Interac Severity	d by, Ms. Robie Hansen 015 10:12 AM cions brug-Drug Interactions to Drug-Drug Interactions exists	Notes:		Low V		Active
Last Reviews on 10/23/2  Drug Interact Severity	d by, Ms. Robie Hansen 015 10:12 AM cions Drug-Drug Interactions	Notes:		Low V		Active

Patient Na	ıme , ' ,	DOE	1 (144) (144) (144) 3	Rej	##. //// v p #	amanduu saa ili oo i I
F	17	1		The State of the S	Insuranc	ce Information
Home Phone		Cell Phone		Prov		AREMARK
Address				2	nber ID# 115 215 28	6676242
City Roc	kupll	State 77	Zip 7 50 87			
Allergies		Diagnosis	•	Bin #	010029	Group# RAYTH
1309 Reck 214	LEEN KENNED Ridyc Rd. Svil UAII, TA. 75087 -775-1356 M7325 # M7325	te 109,	Signat		<u> </u>	The second secon
	ENERAL PAIN/INFL/ CLOFENAC 3%, KETOPRO			INE 2%, Lipo	derm™	Refills 1 2 3 4 5 prn
	EUROPATHIC & CHF URBIPROFEN 20%, BACL	OFEN 2%, CYCLOBE	NZAPRINE 2%, C	ABAPENTIN (	5%, LIDOCAINE 2	Refills 1 2 3 4 5 prn 2.5% ed area 3-4 times per day.
	ACK & RADICULAR I BAPENTIN 6%, CLONIDI			NE 2%, PENTC	XIFYLINE 2%	Refills 1 2 3 4 5 prn ed area 3-4 times per day.
K FLU	CAR REDUCTION CF UTICASONE PROPIONATE 19 Uply up to 4 grams (Each	%, LEVOCETIRIZINE DIH	HYDROCHLORIDE 2	%, PENTOXIFYL	LINE 0.05%, PRILO	PRefills 1 2 3 4 5 prn CAINE 3%, GABAPENTIN 15% ction. ( <i>PracaSil™-Plus</i> )
PH	FECTED WOUNDS ENYTOIN 5%, MISOPROS TRONIDAZOLE 2%, VAN	STOL 0.0024%, ALOE	VERA 200:1, PRI	LOCAINE 2%,	LEVOFLOXACIN :	Refills 1 2 3 4 5 prn 2%, ed area 3-4 times per day.
	ON-INFECTED WOU PHENYTOIN 5%, MISOPR			PRILOCAINE 2	%, Sprirawash™	Refills 1 2 3 4 5 prn
	OUT KETOPROFEN 10%, INDO			.2%, LIDOCA	INE 5%	Refills 1 2 3 4 5 prn
PS FLI	SORIASIS/ECZEMA UTICASONE 1%, METHY			Q10 2.4%, VIT	TAMIN D3 0.03%	Refills 1 2 3 4 5 Prin o, TRETINOIN 0.012% and area 3-4 times per day.

Visit Report - H - 01/10/2014 9:30 AM(CST) (OmniMD) Page 1 o	of 2
Patient : <b>Here are Final</b> Sex : Female	
Chart#: HOWFA0002 DOB: Phone: Rockwall, Texas 75087	
Phone : Rockwall, Texas 75087  Ref By :	
DOS: <b>01/10/2014 9:30 AM(CST)</b> (15 mins ), Location: CIK Business Office Rockwall	
Chief Complaint: Np	
Attended By: Ms. Maries Laurel (214-775-1356)	
Employer:	
Allergies No Known Drug Allergies.	
<u>Intolerance</u>	
No Intolerance Recorded	
Current Medications	
<u>Current Medication</u> <u>Dosage</u> <u>Frequency</u> <u>Duration</u> <u>Reason</u>	
No Current Medication Recorded.	
VITAL SIGNS	
Height 48 inch 121 cm	
Weight 60 lbs 27.2 Kg	
BMI 18.3 Kg/m <sup>2</sup> Abnormal	
FOLLOW UP NOTE	
Patient Name: Harrison, Florida Chart Number: HOWFA0002	
Date of Service: 01/10/2014 9:30 AM(CST)	
Procedure Performed:	
Vitals:	
Temp: BP:/ Pulse Rate: O2 Sat: Starting Weight: Current Weight: Change:	
Current Medications:	
Note: scarring from old cuts/injuries with poor cosmetic healing, called in compound scar reduction cream	
Impression: scarring with poor healing outcome	
Plan: apply compound scar reduction cream to affected area prn	
F/U in: as needed	
Prescriptions and Lab Orders	
Diagnoses	
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Visit Report - H - 01/10/2014 9:30 AM(CST) (OmniMD)

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**DIAGNOSES** 

**Procedures** 

**PROCEDURES** 

Disposition

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# OmniMD - Physician Empowered » Patient Personal Record

Page 1 of 1

### **Patient Personal Record**

Howerton, Hope	Sex	Female	DOB	Age 13 yrs 6 mths
Chart # HOWHO0001	SSN #		Phone	(H)

First Name	Норе	Address1		
Last Name	Howerton	Address2		
Middle Initial		City	Rockwall	
SSN		State	Texas	
Suffix		Zip Code	75087	
Father Name		Country	USA	
Mother Name		Preferred Phone		
Mother's Maiden Name		Call Preference Order		
Alias Name		Home Phone	214-801-0945	
Date of Birth		Work Phone		
Birth State		Fax		
Sex	Female	Cell Phone		
Guardian		E-mail Address		
Work Status	Full Time	Driving License		
Industry		Significant Others		
Occupation		Emergency Contact 1		Phone #
Employer		Emergency Contact 2		Phone #
Attorney		Signature on File		
Adjuster		Release of Info Signed		
Student Status	Not a Student	Preferred Language	English	
Blood Group		Pharmacy		
Race	White	Consent	Consent given	
Ethnicity	Not Hispanic or Latino	Disable Health Alerts	No	
Smoker	Never smoker	External Rec#	NPI	
Marital Status		Treatment Status		
Patient Type		Custom Field1		
Referring Provider		Custom Field2		
Other Ref. Provider		Generate Statement	Yes	
Pri. Care Provider Principal Provider	Dr. Colleen Kennedy	Exemption from Reporting	No	
Visit Location	Business Office Dallas	Communication Preference	By Phone	
Patient Category		Comments		
		No Known Problems	No	
		MU Demographic Exclusion		
		Patient Portal Module	Opt Out	
		Send Direct Message	Disabled	
		Last Payment Date		
		Last Payment Amount		
		Last Modified Date	10/31/2014	
		Last Modified By	Ms. Robie Hansen	

Visit Report - Howerton, Hope - 01/10/2014 9:45 AM(CST) (OmniMD)

Page 1 of 2

Patient	: Howerton, Hope	Sex	: Female			
Chart# Phone Ref By	, ,,	DOB Address	:		. Rockwall, Texas	75087
Chief C	<b>01/10/2014 9:45 AM(</b> <u>omplaint: <b>Np</b></u> ed By: Ms. Maries Laurel			Location: CIK E	usiness Office Roc	kwall:
Employ	er:					
Allergi No Kno	es wn Food & Environme	ental Alle	ergies.			
<u>Intoler</u> No Intol	ance erance Recorded					
Current	nt Medications Medication ent Medication Recorded	<u>Dos</u> i	a <u>ge</u>	Frequency D	uration <u>Reaso</u> ı	<u>1</u>
	53 inch 134 cm 70 lbs 31.7 Kg 17.5 Kg/m <sup>2</sup> Abnormal					
			FO	LLOW UP NOT	<u>E</u>	
Chart N	Name: Howerton, Hope umber: HOWHO0001 Service: 01/10/2014 9		ST)			
Procedu	re Performed:					
<b>Vitals:</b> Temp: _ Starting	BP:/ Pulse Weight: Current W	Rate: /eight:	O2 Sat Change			
Current	Medications:					
Note:	hx cuts/scarring with p	oor cosm	etic healin	g-called in comp	oound scar reducti	on cream
Impress	sion: scarring with poo	or healing	)			
Plan:	apply compound scar re	duction c	ream to af	fected area prn		
F/U in:	as needed					
Prescri	ptions and Lab Orders	;				
Diagno	oses					
DIAGN	<u>OSES</u>					

# 

Visit Report - Howerton, Hope - 01/10/2014 9:45 AM(CST) (OmniMD)

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**Procedures** 

**PROCEDURES** 

Disposition

Page 1 of 1

Dr. Colleen Kennedy, M.D., <u>Baylor Dallas Cli</u>	<sub>inic</sub> , Colleen I Kennedy, MD, PA	4	Omni 🔀
atients Transcriptions Appointments	Charge Capture   Prescriptions   Labs	/Radiology   Documents   Forms   Refer	rals CMS Incentive Program Billing
oday's List   🎎   Open   Messages [4 :	Health Alerts   My Profile   Clinic   Gui	deLines   Updates   Practice   File Portal   Checksum	Upload   MU   View Fax   Logout
Current Medications			
☐ + Howerton, Hope	Sex Female DOB	Age 13 yrs 6 mths	
Chart # HOWHO0001	SSN Phone H	)	
✓ Patient denies pre-existing medications			Print All Print Pre-Existing & Active Medications Print Pre-Existing Medications Only
Add / Edit Pre-Existing Medications			
Drug (enter first few characters) Strength	Dosage Frequency	From - Duration - To	Reason Clr Add
Note : Please select drug from drug list, so, s	ystem will provide interaction information.		
Pre-Existing Medications Dosage No Drug exist in Pre-Existing Medications	Frequency Duration	Reason	Action
Active Medications from Rx Dosage No Drug exist in Active Medications from Rx	Frequency Duration	Last Modify by/Reason	Action
			Show Inactive & Disabled
HELP Help Desk: 914.3325590	Report a Problem   ICD-10 Transition Feedba	ick   <u>Feedback</u>	
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OmniMD - Physician Empowered » Allergies

Page 1 of 1

<b>-</b>	Howerton, Hope	Sex Female	DOB	Age 13 yr	s 6 mths		
	Chart # HOWHO0001	SSN #	Phone	(H)			
No Kno	vn Allergies (Food, Environn		/ More Details				
	ironmental Allergens	nentai, Immunizatio	Intolerance	Reaction	Severity Last	Occurrence	Current Status
Food & E	Environmental Allergies	<b>v</b> ]			Low 🗸		Active 💙
ug Allerg ug	No Known Drug Allergy) Jens Drug Class Allergies-		Intolerance	Reaction	Severity Low V	Last Occurrenc	e Current Status
munizati	ion Allergens		Intolerance	Reaction	Severity Last	Occurrence	Add Current Status
v coconectore to the series	ization Allergies	<b>v</b>			Low V	<sup>®</sup> h	Active 🗸
							Add
ner Aller	gens		Intolerance	Reaction	Severity Las	t Occurrence	Active Add
			Reviewed		A		
	Review History ewed by, Ms. Robie Hansen		Notes:				
	3/2015 10:13 AM		Review	ed And Save			
rug Inte	ractions						
everity	Drug-Drug Interactions No Drug-Drug Interactions e	wiete					
	Drug-Disease Interactions						
everity	No Drug-Disease Interaction:	s exists					
everity							

Visit Report - Howerto	n, Hope - 01/10/2014 9:45 AM(CS1) (OmniMD)	Page 1 of 2
Patient : <b>Howerton, Hor</b>	e Sex : Female	
Chart#: HOWHO0001 Phone: (H	DOB : Rockwall, Texas 75087	
DOS: <b>01/10/2014 9:4</b> <u>Chief Complaint: <b>Np</b></u> Attended By: Ms. Maries I	<b>5 AM(CST)</b> (15 mins), Location: CIK Business Office Rockwall Laurel (214-775-1356)	
Employer:		
Allergies No Known Food & Envi	ronmental Allergies.	
<u>Intolerance</u> No Intolerance Recorded		
Current Medications Current Medication No Current Medication Re	<u>Dosage Frequency Duration Reason</u> ecorded.	
VITAL SIGNSHeight53 inch134 cmWeight70 lbs31.7 KgBMI17.5 Kg/m² Abnotal		
	FOLLOW UP NOTE	
Patient Name: Howerton Chart Number: HOWHOO Date of Service: 01/10/2	0001	
Procedure Performed:		
Vitals: Temp: BP:/ Starting Weight: Cur	Pulse Rate: O2 Sat: rrent Weight: Change:	
Current Medications:		
Note: hx cuts/scarring	with poor cosmetic healing-called in compound scar reduction cream	
Impression: scarring w	ith poor healing	
Plan: apply compound s	scar reduction cream to affected area prn	
F/U in: as needed		
Prescriptions and Lab	Orders	
Diagnoses		
DIAGNOSES		
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Visit Report - Howerton, Hope - 01/10/2014 9:45 AM(CST) (OmniMD)

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**Procedures** 

**PROCEDURES** 

Disposition

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https://www8.omnimd.com/jsp/EMRViewVisitDocument.jsp?forwardFile=/PCEMR/Visi... 10/23/2015

Patient Name	DOB	Rep #
Hope Howerton	4	Insurance Information
Home Phone	Cell Phone	Provider
Address		CUS CAREMARK  Member ID #  21521528676242
City	State Zip	SS#
Allergies	Diagnosis	Bin# Group# 610029 RAY+4
COLLEGAL KEAMEDY, MD  1309 Ridge Rd. Suite 109,  Reck WAII, TA. 75087  214-775-1356  LICH M7325  NPD \$ 1508897810  Date		
GENERAL PAIN/INFLAMMATION 60GMS 120GMS 150GMS 180GMS 240GMS Refills 1 2 3 4 5 prn DICLOFENAC 3%, KETOPROPHEN 10%, BACLOFEN 2%, LIDOCAINE 2%, Lipoderm™  Apply 1-2 grams to affected area 3-4 times per day.		
NEUROPATHIC & CHRONIC PAIN 60GMS 120GMS 150GMS 180GMS 240GMS Refills 1 2 3 4 5 prn FLURBIPROFEN 20%, BACLOFEN 2%, CYCLOBENZAPRINE 2%, GABAPENTIN 6%, LIDOCAINE 2.5% Apply 1-2 grams (Each pump equals one gram) to affected area 3-4 times per day.		
BACK & RADICULAR PAIN 60GMS 120GMS 150GMS 180GMS 240GMS Refills 1 2 3 4 5 prn GABAPENTIN 6%, CLONIDINE 0.1% DICLOFENAC 2%, LIDOCAINE 2%, PENTOXIFYLINE 2% Apply 1-2 grams to affected area 3-4 times per day.		
SCAR REDUCTION CREAM 60GMS 120GMS 150GMS 180GMS 240GMS Refills 1 2 3 4 5 pm FLUTICASONE PROPIONATE 1%, LEVOCETIRIZINE DIHYDROCHLORIDE 2%, PENTOXIFYLLINE 0.05%, PRILOCAINE 3%, GABAPENTIN 15% Apply up to 4 grams (Each pump equals one gram) twice daily for 10-14 weeks for scar reduction. (PracaSil™-Plus)		
INFECTED WOUNDS 60GMS 120GMS 150GMS 180GMS 240GMS Refills 1 2 3 4 5 prn PHENYTOIN 5%, MISOPROSTOL 0.0024%, ALOE VERA 200:1, PRILOCAINE 2%, LEVOFLOXACIN 2%, METRONIDAZOLE 2%, VANCOMYCIN 5%, Sprirawash™ Apply 1-2 grams to affected area 3-4 times per day.		
NON-INFECTED WOU 2.PHENYTOIN 5%, MISOPF	JNDS 60GMS 120GMS ROSTOL 0.0024%, ALOE VERA 200:1,	150GMS 180GMS 240GMS Refills 1 2 3 4 5 prn PRILOCAINE 2%, Sprirawash™ Apply 1-2 grams to affected area 3-4 times per day.
GOUT  3.KETOPROFEN 10%, INDO	60GMS 120GMS DMETHACIN 10%, TRIAMCINOLONE	150GMS 180GMS 240GMS Refills 1 2 3 4 5 prn 0.2%, LIDOCAINE 5% Apply 1-2 grams to affected area 3-4 times per day.
PSORIASIS/ECZEMA FLUTICASONE 1%, METHY	60GMS 120GMS YLCOBALAMIN 0.042%, COENZYME	150GMS 180GMS 240GMS Refills 1 2 3 4 5 prn Q10 2.4%, VITAMIN D3 0.03%, TRETINOIN 0.012% Apply 1-2 grams to affected area 3-4 times per day.